

Board of Visitors

Annual Report

Franklin County Detention Center
Farmington, Maine
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Table of contents

Introduction	3
Recruitment and retention of staff	4
Infrastructure and technology	5
Medical and mental health treatment	7
Reentry	11
Appendix--reentry resources	15
Control Room Images	
1. Un-managed control, electrical and signal cable in Control Room	18
2. Context for image #1	19
3. Taped wiring junction to ceiling light fixture	20
4. Door Lock Switching panel	21
5. Underside of Door Lock Panel showing wiring and relays	22
6. Control Room Door	23

Introduction

Franklin County Jail Board of Visitors is an oversight and advisory committee of citizens identified by the Sheriff to represent the interests of the people in Franklin County. It is mandated by law (Chapter 13, Title 30-A, 1607) The Board of Visitors (BOV) are chosen for their varied orientations, interests and expertise in the field of corrections and rehabilitation issues. The BOV focus in this capacity will be regarding public safety and security, jail staff safety, as well as inmate health and safety.

-from FCDC Policies and Procedures Manual 10/17

As noted by the MDOC, the mission of corrections is to reduce recidivism while holding the offender accountable. The ultimate goal is to rehabilitate, ensuring that the inmate is able to maintain themselves upon release as part of the outside community. Priority must be given to inmate and staff safety in order to accomplish these goals.

“The goal of the Franklin County Detention Center is to provide a safe, sanitary and secure place of detention for all persons committed to this jurisdiction for detention or correction.”

-from the [Inmate Handbook, Rules and Regulations](#), retrieved online on May 27, 2020

In looking at the words “detention or correction” it is important to consider the humane and respectful treatment of all inmates as core values. Basic needs and services consistent with a physically and emotionally healthy environment should be considered essential during their tenure at the Center. Beyond the standard custodial “clean and safe” considerations we suggest that there are deeper needs to embrace that contribute to the fulfillment of the mission of the FCDC. The concept of “punishment” should not go beyond what the courts have delivered as a sentencing condition.

Recruitment and retention of staff at Franklin County Detention Center

Description:

Retention and recruitment of Corrections Officers at the Franklin County Jail is very challenging. Stress, working conditions, and non-competitive compensation all contribute to this issue. A corrections officer is responsible for the supervision, safety, and security of persons in the custody of the Franklin County Jail. The position requires a great deal of knowledge, training, physical activity, compassion, and the ability to relate to people from all walks of life. There is a value to having experienced and well trained corrections officers providing stability in the correctional facility.

Recommendations:

Recruitment

- Partner with schools that offer criminal justice programs (such as Central Maine Community College, Thomas College, University of Maine at Augusta and Husson University) to recruit candidates for corrections officers' positions.
- Offer competitive salary, benefits, and retirement to offset the stressors of this work.

Retention

- Attention paid to facility and equipment issues addressed in following sections in order to maintain safety and effective functioning on the job.
- Continue to offer Employee Assistance Programs to provide support for corrections officers.
- Continue to provide education regarding self-care which builds off of the "Correctional Officer Stress, Substance Abuse, and Suicide" training provided by the Maine Criminal Justice Academy.
- Offer specific training on de-escalation and mental health first aid.
- Ongoing training of staff, including an emphasis on understanding mental illness and substance use disorder (SUD).
- Continuing education for Corrections Officers.
- Debriefing process for critical incidents.
- Adequate staffing to allow for sufficient contracted vacation and leave time.
- Institute a staff recognition program that acknowledges the good work and positive contributions of staff members.

Infrastructure and Technology Report for Franklin County Detention Center

Description:

Inmates are entitled to a certain standard of living that is consistent with an environment that promotes and supports a culture of rehabilitation and correction.

It is clear that staff has done much with few resources, however the facility is in disrepair and lacks basic safety and security infrastructure. Corrections records are spread among several different software programs and there are a great number of paper files that are not digitized and therefore not easily accessible. Security is provided by an ancient and cobbled-together control panel that has not been upgraded in decades. A column of exposed wiring runs from the control panel to the ceiling. Locks on the doors often malfunction and require extra steps to access different parts of the building, a sure safety issue in terms of fire or security emergencies. The only part of the facility available for recreation is a concrete basketball court located outside, hampering exercise in the winter, and not particularly conducive to different forms of exercise.

Recommendations:

Building

- Medical office needs more space, improved furnishings and layout.
- A dedicated conference room should be identified.
- Office space is needed for DHHS, pretrial services and individual counseling.
- Visitation area should be more comfortable and user-friendly for contact visits by families of trustees as provided for in state regulations.
- Indoor exercise area should be identified with equipment in good repair.

Record-keeping

- Unified corrections records software options should be investigated.
- Data file-merging options should be identified.
- Provision should be made for scanning or otherwise digitizing paper files.
- Medical software should be compatible with community and hospital practices, and kept separate from corrections files.

Security system (see attached photos)

- Obsolete control room switching panel and door lock systems need upgrading.
- Security cameras need upgrading to include tilt and pan functionality.
- Control Room needs all exposed wiring runs eliminated.

Staff and inmate furnishings

- Exercise equipment needs repair.
- The bedding should be replaced. Inmates with chronic back issues suffer.
- The bathroom fixtures are in need of repair or upgrade.
- Clean laundry should be available daily to inmates.
- Furniture in the control room, pretrial/DHHS, and the medical clinic should be replaced with ergonomic items in good repair.

Education and communication

- Funding for current text and library books are necessary.
- Computer access should be upgraded to allow for on-line learning and job searches.
- The cost to inmates of using the telephone is excessive.
- There is a need for a second phone in the medium-security area.
- Information to improve comfort with use of the visitation space, including timing issues, instructions for using the intercom, adequate seating.

General

- It would be prudent to invite OSHA to make a friendly inspection of the premises and invite suggestions and priorities for avoidance of safety violations and/or liability risks.

Medical and Mental Health Report for Franklin County Detention Center

Medical and mental health services are among the most costly and most important resources for inmates of correctional facilities. We have concentrated a fair amount of effort into understanding these services as they exist and evolving some recommendations for their improvement.

Description:

Medical services are contracted out to a private company, MedPro, which also services several other corrections facilities. Mental health services are currently provided by Dalene Sinski, MSW, and Andrea Bradford, LADC, under contract with Clearwater Counseling and Consulting, a private business owned by Ms. Sinski. Ms. Bradford is contracted for 2 days/week. Ms. Sinski conducts some groups and provides individual counseling. Both of these contracts are up for renewal in June or July; RFPs from other agencies are being considered.

The medical staff at the facility, Josette Billian LPN, and Tami Cooper RN (who has since left the organization), deserve recognition for having done much with few resources. The medical office is very small, filled with paper files and a computer; a chair and an old desk, both in poor condition. The examination table is pushed up against the opposite wall, with very little room to maneuver and no ability to pull the table out from the wall to access a patient from both sides in an emergency. Some emergency equipment is stored in the control room, separate from the medical office; only an ancient medication cart and some ambu bags are in the medical room proper.

The nurses and Gregory Ellis, PA, provide medical services. The nurses are present daily to provide intake evaluation and direct care and Mr. Ellis comes in weekly to evaluate selected inmates and to write medical orders. Nurses are stretched thin; two are too few to cover 8 hours every weekday, weekends and night med administration. "This is not sustainable," was the comment given by one staff member.

Mental health services include a variety of groups and individual counseling. The groups are determined by unclear criteria; they are generally popular but that doesn't mean they are available. Right now all support groups are on hold due to COVID-19. In particular a parenting group offered in conjunction with the Children's Task Force was very popular but is on hold for reasons that are unclear and unrelated to the COVID-19 pandemic.

Substance use disorder (SUD) counseling is largely provided by Ms. Bradford, who has taken training in meeting the needs of incarcerated persons. AA is available at the jail as is ACT, a faith-based support group. MAT is continued if an inmate comes in on suboxone. Mr. Ellis has achieved the waiver necessary to prescribe, but it appears that inductions of medically assisted treatment (MAT) are not available. Inmates who are incarcerated with active substance use disorder are required to go through withdrawal. Upon release, unless there is adequate support for these individuals in the community, they are at very high risk of relapse and overdose death. Naloxone (Narcan) is now available. There are funds available to correctional facilities from the state Opioid Response Task Force to implement MAT; at this point Franklin County has not yet applied for its share of those funds, about \$160,000.

Communication among medical, mental health and corrections officers is spotty and disjointed. This problem is particularly evident on release or transfer.

Recommendations:

Physical plant:

- Upgrade for better conditions and more space for medical office.
- Dedicated mental health counseling space.
- Thoughtful placement of emergency equipment including oxygen, AED, emergency medications, Narcan.
- Proximity of medical and mental health service spaces to improve ongoing communication.

Staffing:

- 3 nurses is the minimum necessary to cover all required hours.
- More staff engaged in reentry—social work, case managers, corrections officers.

Communication:

- Communication among all staff including corrections staff and providers should be addressed by regular staff meetings, and encouraging ongoing contact around clinical or behavioral issues as they present.

Treatment capabilities:

- Policy for induction of MAT for any inmate who qualifies and requests it should be developed and implemented.

- Funding is available to implement MAT, but has not been applied for by FC Detention Center.
- This funding should be actively pursued by FCDC administration and the Sheriff's department.

Inmate mental health/social support (also refer to Reentry section):

- Group and individual therapies that foster self-awareness, recognition and management of emotions, stress management, ability to relate to others, tolerance of emotional distress, managing impulsiveness and anger control.
- Opportunity for more and different forms of exercise, indoor and outdoor.
- Shower and laundry availability if clothing needs laundering more frequently than is currently available or if disciplinary measures such as pepper spray are employed.
- Parenting while incarcerated—maintaining connection w/children, preparation for rebuilding family life post-incarceration.
- Preparation for employment—job training, VOC rehab, expansion/development of work programs for inmates in the jail itself and in the community.
- Preparing for housing, transportation needs.
- Involvement of community resources such as Healthy Community Coalition/RACE to facilitate access to MAT, recovery coaches, other community resources on SUD being developed.
- DV prevention—Alternatives to Abuse program provided by Safe Voices.

Reentry planning (see also Reentry):

- Seamless handoff to community medical providers for primary care, SUD treatment.
- Connection to mental health and SA treatment providers in the community.
- Maintenance of MaineCare, Medicare insurance coverage and reactivation on release.

Evaluation of RFPs for providers of medical and mental health services:

- Adequate staffing projections.
- Administrative attention to obtaining medical records, insurance issues, funding resources.
- Dedication to close collaboration among the “silos”—medical, mental health, corrections.

- Provision of services targeted to inmate needs and preferences.
- Active engagement in reentry planning and contact with community resources.
- Evaluation of the effectiveness of services provided.
- Adequate provision for MAT induction and continuance.
- Ability to provide adequate personal protective equipment (PPE) and other public health requirements posed by COVID-19 and other communicable diseases.

Reentry Report for Franklin County Correctional Facility

Description:

Ideally, the process of preparing for reentry begins the moment the individual enters the jail. In facilities with a robust reentry program a Corrections Officer(CO) is designated as reentry coordinator and follows the inmates progress not only while they are a resident of the jail, but outside the jail as they reintegrate into society. Effective reentry planning necessitates partnering with community organizations. It also requires tracking recidivism rates and the reasons for reincarceration.

Prevention of recidivism must include the following:

- job skills, communication skills,
- access to education.
- transportation, housing.
- medical and mental health support services.
- case management in the community.
- facilitation of connection to community and spiritual organizations.

Currently, the five personnel most involved with preparing inmates for reentry are

1. **Medpro medical staff** who insure that medical needs are met while incarcerated and that there is a handoff with community providers when the inmate is released. This includes medications and medication assisted treatment (MAT) for substance use disorder.
2. **Mental health and substance abuse counseling services** are currently provided a few hours each day, three days a week by Dalene Sinski, MSW, and Andrea Bradford, LADC, under contract with Clearwater Counseling and Consulting, a private business owned by Ms. Sinski.
3. **Pretrial services**, Brandi Thomas (Tues & Thurs).She evaluates whether a person is a flight risk or a risk to the community while they are awaiting trial for the purpose of qualifying for pretrial services. If evicted or otherwise homeless, she refers them to a case manager who can help them. She can also recommend post conviction alternatives, diversion options, post conviction bail, and graduated sanctions for probation and parole.
4. **Department of Health and Human Services (DHHS) caseworker**, Bill Hall, is also part time. Bill works with individuals to place them in treatment for substance use disorder and mental health services. He can refer the inmate to a recovery program like New Beginnings and connect them with a primary care physician.

He works with a clinician to make care plans and arranges transportation to the treatment program.

5. **Adult Education coordinator**, Susan Knight, performs academic needs assessments, works with inmates to successfully pass the High School Equivalency Test(HiSET), prepare resumes, apply for employment, find reading material, and encourage life-long learning (part time 2 days a week).

In the case of both the pretrial and DHHS the individual is monitored for compliance, and revocation can occur if standards are not met.

Other services related to reentry are provided by volunteers, such as Anger Management, AA meeting (men's meeting and women's meeting) and Alcohol Chemical Treatment Series (ACTS) an Apostolic Church addiction recovery program. It is not clear how these programs are activated. All are currently on hold due to Covid-19 quarantine.

Although many of the components of a reentry program are present at Franklin County Detention Center, they are not coordinated and/or consistent. Due to a lack of adequate staffing and persistent facility infrastructure deficits, rehabilitation and reentry have not been priorities.

In addition, some of the infrastructure necessary for a robust reentry program is lacking in the community, for example, sober living group homes (or any other reentry housing), reentry coaches, public transportation, and an adequate number and variety of clinical support groups.

Without coordinated, consistent and effective reentry programming and services, we will continue to see repeat offenders. As of 2019 the cost per capita/per day of housing someone at Franklin County Detention Center is \$199.73. The cost of a substance use rehabilitation facility bed is approximately \$112 per day. The expense of repeat incarceration is burdensome. Every effort to rehabilitate rather than simply "detain" should be made for the benefit of the inmate, their families, and our communities.

Recommendations:

Education

- Up-to-date library resources including a budget for books and access to online learning and research.

Preparation for employment

- There should be opportunity for inmates to participate in work projects at the Detention Center and in the community.
- Programs that build skills applicable to employment should be made available.
- Job and career coaching should be available.

Transportation

- Coordination with transportation providers so that inmates who are released without access to transportation can be safely discharged to a known destination.

Housing

- Housing for released inmates should be identified; these resources may need to be developed within the community.

Staffing and communication

- Discharge planning should include all staff including medical and mental health staff so that these needs can be addressed and continuity of care can be assured.
- Regular staff meetings, including corrections officers, medical and mental health providers, and probation officers, should occur with sufficient regularity that staff feel supported and services are coordinated between corrections officers and other staff.
- Connection with community providers should be fostered and encouraged so that gaps in community service can be identified and resources developed.

Provision of information

- Parts of the Inmate Handbook is online but is difficult to access. Accessibility should be reviewed and streamlined. Print version should also be available and updated whenever significant changes are posted online.
- Handbook should include resources for reentry in Franklin County (see appendix).

Networking

- Contact with Maine Reentry Network (contact person: Bruce Noddin) should be initiated to help provide a framework for development of solutions to the problems that increase recidivism.
- Contact with other Detention Center administration may provide ideas about resources that are available but are not currently accessed (see Medical/Mental health report re: access to funding for MAT).
- Networking may assist with grant writing to support the changes that are deemed most urgent and necessary.

Appendix

The resources below should be part of the inmate handbook.

[Index of policy and info documents](#)

RE-ENTRY RESOURCES FOR FRANKLIN COUNTY

The below resources are offered to help support you as you transition. Please know there are folks who care about you. In addition to state and local agencies that can offer resources, there is a list of individuals who are willing to provide a little extra peer-to-peer support during this transition. Please reach out to them; you are not alone.

PEER SUPPORT TEAM MEMBERS FOR FRANKLIN COUNTY

Team Member's Name	What They Can Help With	How To Reach Them
Hilary Eslinger (Maine Access Points)	Harm reduction support, overdose education and naloxone distribution, general inquiries.	Call or text 207-319-8823; or use Signal info@maineaccesspoints.org ; www.maineaccesspoints.org
Cait Vaughan	Access to family planning, naloxone and harm reduction support, and human trafficking survivor support and recovery network	603-897-9676 cait.vaughan@gmail.com
Heather Zimmerman	General Assistance and other public benefits navigation and assistance	207-420-0303 hzimm32@gmail.com
Dale Gilmour	Maine Prisoner Re-Entry Network	dale.gilmour@gmail.com 207-578-0289

STATEWIDE RESOURCES

Organization	What They Do	How To Reach Them
Maine Prisoner Re-Entry Network	Network of folks who've experienced incarceration offering peer support	(207) 330-1446; www.re-entrymaine.org
Maine Access Points Overdose Education and Naloxone Distribution program (MAP-OEND)	Overdose response training; naloxone distribution; aftercare & support via phone line	Call or text 207-319-8823; or use Signal info@maineaccesspoints.org ; www.maineaccesspoints.org
Maine Access Points Syringe Access Program (MAP-SAP)	Mail delivery syringe access and harm reduction support	Call or text 207-370-9445 or use Signal (preferred**) info@maineaccesspoints.org ; www.maineaccesspoints.org

Maine Family Planning	Birth control, STI testing and treatment, abortion care	Call (207) 218-5015; REP@mainefamilyplanning.org; www.mainefamilyplanning.org
Maine Coalition to End Domestic Violence	Statewide domestic violence helpline; advocates & local support resources	Call 1-866-834-HELP; Hearing Impaired Call 1-800-437-1220; www.mcedv.org
Maine Coalition Against Sexual Assault	Statewide sexual violence helpline, text line & chat advocates & local support	Text or call 1-800-871-7741; Chat at www.mecasa.org
Statewide Mental Health Crisis Lines	Providing 1:1 support for people in crisis	24/7 Statewide Crisis Line 888-568-1112 24/7 Peer Support Warm line 866-771-9276 24/7 Suicide Hotline 800-273-TALK (800-273-8255)
DHHS Office of Family Independence	For questions about MaineCare, TANF, Food Stamps, etc.	Call 1-855-797-4357 TTY users can call Maine relay 711 Mon - Fri 8:00 am to 4:30 pm
Emergency General Assistance	Apply for emergency funding support for housing, if facing homelessness	Apply at your local town office. You can also call the State GA Hotline at: 1-800-442-6003
State of Maine Covid-19 Response Website	List of Maine-specific resources around Covid-19	Send "MECOVID" to 898-211 to sign up for text alerts. https://www.maine.gov/covid19/
Distance Recovery Meetings	Meetings & fellowship for folks seeking recovery from substance use	Daily Noon All Recovery Meeting By Portland Recovery Community Center Meeting Browser or app: https://zoom.us/j/637834649 Phone: 929-205-6099 / Meeting ID 637834649# Heroin Anonymous A Way Out - Sundays @ 9 am Browser or app: http://bit.ly/2U3FUbg Phone: 646--558--8656 Meeting ID: 13515309 Young People in Recovery - Daily All Recovery Meeting @ 5-6 pm Browser or app: http://tinyurl.com/YPRMaineARM Phone: 646-876-9923 / Meeting ID: 368 842 111
Maine Equal Justice	If you are having trouble getting assistance like SNAP, MaineCare, TANF, or General	Call 626-7058, ext 205 https://maineequaljustice.org/people/covid-19-resources/

	Assistance, but you think that you should qualify	
Maine Bureau of Veterans' Services	The Maine Bureau of Veterans Services provides advocacy for veterans and their families regarding connection to the Veterans Administration for healthcare and benefits, education, employment, homelessness, emergency financial assistance, suicide prevention, and connection to mental health programs.	207-430-6035 mainebvs@maine.gov www.maine.gov/veterans

RESOURCES SPECIFIC TO FRANKLIN COUNTY

Organization	What They Offer	How To Reach Them
MAT Resources		
Groups Recover Together	MAT- Suboxone	140 Pleasant St, Farmington, ME · (207) 560-3422
Wilson Stream Family Practice	Opioid Health Home/ MAT- Suboxone	672 Wilton Rd, Farmington (207) 778-9531
Food Pantries		
Directory of Franklin County Food Pantries	Food Assistance	https://www.maine.gov/dacf/ard/tefap/Franklin.shtml
Good Shepherd Food Bank directory	Directory with COVID-19 updates	https://www.gsfb.org/covid-19-partner-agency-updates/
Community Action		
Western Maine Community Action (WMCA)	WMCA provides guidance to the community in responding to emerging human needs in the areas of community health, early care and education, energy and housing, and workforce development services.	Phone: (207) 645-3764 Toll Free: (800) 645-9636 https://wmca.org/
Tri-County Mental Health Services	We offer a wide array of programs and services to meet the needs of those seeking help and support to lead healthy, fulfilling lives regardless of their challenges. Across the communities we serve we decrease stigma, and increase community awareness, and promote diversity.	For services call 1-888-304-4673 Visit: https://www.tcmhs.org/



Image #1: Un-managed control, electrical and signal cable in Control Room



Image #2: Context for image #1



Image #3: Taped wiring junction to ceiling light fixture



Image #4: Door Lock Switching panel

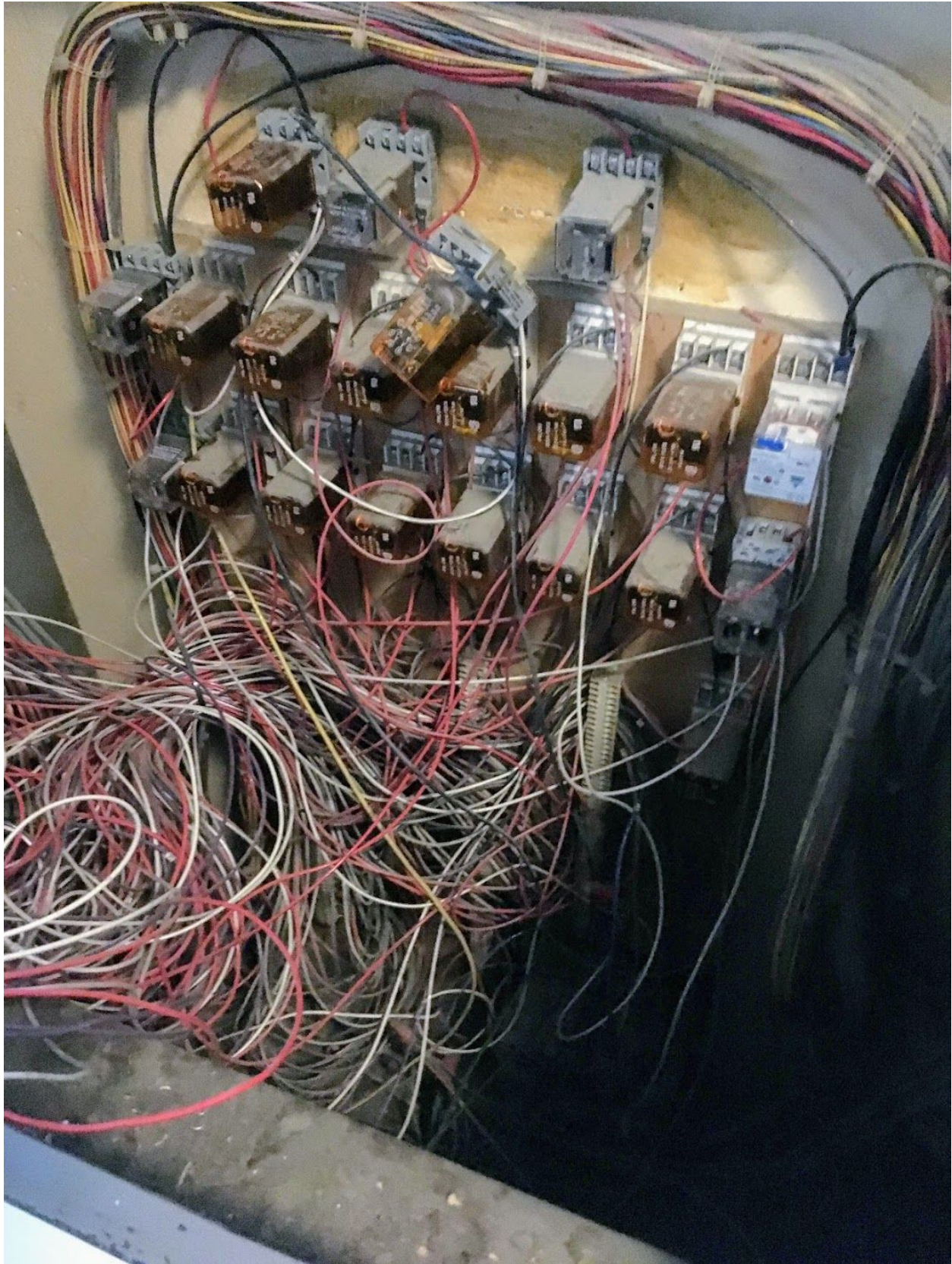


Image #5: Underside of Door Lock Panel showing wiring and relays



Image #6: Control Room Door